

PART B - FEE(S) TRANSMITTAL

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26694

7590

10/30/2009

VENABLE LLP

P.O. BOX 34385

WASHINGTON, DC 20043-9998

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/593,780

09/22/2006

Christopher Hoen

51402-235238

9109

TITLE OF INVENTION: METHOD AND A DEVICE FOR MONITORING AND/OR CONTROLLING A LOAD ON A TENSIONED ELONGATED ELEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1510

\$300

\$0

\$1810

02/01/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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FITZGERALD, JOHN P

2856

073-862391

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 VENABLE LLP2 Eric J. Franklin

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

VETCO GRAY SCANDINAVIA AS

Sandvika, NORWAY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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any deficiencies

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the payment fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 224025 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Eric J. Franklin/Date January 29, 2010Typed or printed name Eric J. FranklinRegistration No. 37,134

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